

VERIFIED CLAIM FORM

Date: _____

To: Wyoming Secretary of State's Office
200 West 24th Street, Suite 110
Cheyenne, WY 82002-0020

Re: _____
(Name of entity)

Dear Secretary of State:

The above entity is requesting a refund in the amount of \$_____ for the
_____ Annual Report. (dollar amount)
(year)

The reason for requesting the refund is as follows:

Signature: _____
Title: _____

State of Wyoming
County of _____

The foregoing instrument was acknowledged before me by
_____, this _____ day of _____, _____.

Witness my hand and official seal.

Notary Public

SEAL